

AUTHORIZATION TO ADMINISTER MEDICATION

Use of form: Completion of this form meets the requirements of HFS 45.06(6)(d)1.a., HFS 46.07(6)(f)1.a. and HFS 55.44(6)(e)1.a., Wis. Adm. Codes.

Instructions: Complete this form before any medication is administered. Place form in child's file when medication is no longer required / authorized. Log the dates and times medication was administered in the center medical log.

Name - Day Care Center / Day Camp

Name - Child

Birthdate (mm, dd, yyyy)

MEDICATION

Name - Medication	Dosage	Time of Day Administered	Dates - Medication Time Period	
			To	From
		<input type="checkbox"/> AM <input type="checkbox"/> PM		
		<input type="checkbox"/> AM <input type="checkbox"/> PM		
		<input type="checkbox"/> AM <input type="checkbox"/> PM		
		<input type="checkbox"/> AM <input type="checkbox"/> PM		
		<input type="checkbox"/> AM <input type="checkbox"/> PM		
		<input type="checkbox"/> AM <input type="checkbox"/> PM		

Administering Medication - Special Instructions.

AUTHORIZATION

I hereby authorize administration of the above medication(s) to my child by staff of the day care center / day camp listed above.

SIGNATURE - Parent or Guardian

Date Signed